

# CHRISTIAN ECONOMIC ASSISTANCE FOUNDATION

PO Box 81120 Fiddlers Green Postal Outlet

Ancaster, ON L9G 3K9 Tel: 905-648-9899 Fax: 905-648-2110 Email: [info@ceaf.ca](mailto:info@ceaf.ca)

---

## BURSARY APPLICATION FORM

### A. FAMILY IDENTITY:

1. Family Name: \_\_\_\_\_ Parents' first names: \_\_\_\_\_
2. Student's SIN number: \_\_\_\_\_
3. Family Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_
4. Home phone: (    ) \_\_\_\_\_; Business phone: (    ) \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Years at this address: \_\_\_\_\_

### B. FAMILY'S CHURCH/EDUCATION HISTORY:

1. Has your local Christian school enjoyed any other support from you in the past?  
please explain
  
2. Has any OACS related school enjoyed your support in the past? please explain
  
3. Have your faith community(ies) (church(es), congregation(s) of the last 5 years  
supported Christian education as offered  
by OACS schools?    \_\_\_ yes    \_\_\_ no
4. Faith community's name(s) and period of membership
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_



**C. YOUR FAMILY'S SCHOOL HISTORY:**

1. Total number of children at home: \_\_\_\_\_, past high school age: \_\_\_\_\_, attending high school:  
  
attending Christian (OACS) elementary school: \_\_\_\_\_, pre-schoolers:
  
2. If your children attend a Christian (OACS) elementary school, K - 8, please enter school's name and telephone:  
  
\_\_\_\_\_ Phone ( ) \_\_\_\_\_
  
3. How many years has your family attended Christian (OACS) schools: \_\_\_\_\_ years  
Continuously \_\_\_\_\_?  
  
Intermittently \_\_\_\_\_? If intermittently please explain
  
4. What amount does your elementary school count on per family for tuition \$ \_\_\_\_\_  
transportation \$ \_\_\_\_\_
  
5. If your family previously received assistance with/for these services, what would its value be \$ \_\_\_\_\_
  
6. Have you received tuition assistance from your local Christian school or church in the past? If yes which years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. FAMILY'S FINANCIAL RESOURCES:**

1. Parents' combined earnings: \_\_\_\_\_ (lines 150, of the latest individual income tax return)
  
2. Other income, specify: \_\_\_\_\_
  
3. Childrens' income: \_\_\_\_\_
  
4. Non taxable income: \_\_\_\_\_ (includes cash value of free housing)
  
5. Total tax paid (line 435)
  
6. Please attach a photo copy of the page of your tax return that contains line 150.

**E. FAMILY'S EMPLOYMENT INFORMATION**

1. Father's Employer \_\_\_\_\_ Years in the job
2. Gross Annual Income: \_\_\_\_\_
3. Mother's Employer \_\_\_\_\_ Years in the job
4. Gross Annual Income: \_\_\_\_\_
5. Any other employment income (including bonuses or commission) \_\_\_\_\_
6. Please explain: \_\_\_\_\_

**F. FAMILY LIFE STYLE CONCERNS**

**If your personal circumstances contain any special considerations – eg. A child with disability or support of elderly parents, please explain below.**